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CONFIRMATION NO. 8454

<b>SERIAL NUMBER</b> 10/078,949	<b>FILING OR 371(c) DATE</b> 02/20/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> ISIS-5027
<b>APPLICANTS</b> Stanley T. Crooke, Carlsbad, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/479,783 01/07/2000 ABN which is a DIV of 08/870,608 06/06/1997 PAT 6,107,094 which is a CIP of 08/659,440 06/06/1996 PAT 5,898,031				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/09/2002</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 61  <b>INDEPENDENT CLAIMS</b> 13
<b>ADDRESS</b> 27180				
<b>TITLE</b> OLIGORIBONUCLEOTIDES AND RIBONUCLEASES FOR CLEAVING RNA				
<b>FILING FEE RECEIVED</b> 2646	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	